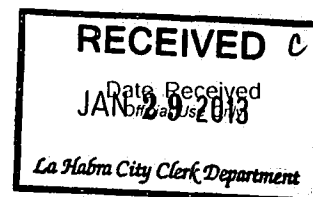


CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

RECEIVED
STATEMENT OF ECONOMIC INTERESTS
PRACTICES COMMISSION
2013 APR -5 PM 12:02
COVER PAGE



Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Shaw Timothy Craig

1. Office, Agency, or Court

Agency Name

City of La Habra

Division, Board, Department, District, if applicable

Your Position

City Council

Councilmember

► If filing for multiple positions, list below or on an attachment.

Agency: see attached

Position: Alternate

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County

☒ County of Orange

☒ City of

La Habra

☒ Other

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2012, through December 31, 2012.

☐ Leaving Office: Date Left ____/____/____
(Check one)

-or-

The period covered is ____/____/____, through December 31, 2012.

☐ The period covered is January 1, 2012, through the date of leaving office.

☐ Assuming Office: Date assumed ____/____/____

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate: Election year ____ and office sought, if different than Part 1: ____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 5

☐ Schedule A-1 - Investments - schedule attached

☒ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

I have been an elected official since ____ and I certify that the information herein and in any attached schedules is true and complete. I acknowledge

I certify under penalty of perjury under the laws of the State of California

Date Signed

1-29-13

(month, day, year)

SCHEDULE C
Income, Loans, & Business
Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <u>Tim Shaw</u>

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

California State Senator Bob Huff

ADDRESS (Business Address Acceptable)

20888 Amar Rd. #205, Walnut, CA 91789

BUSINESS ACTIVITY, IF ANY, OF SOURCE

State government

YOUR BUSINESS POSITION

District Coordinator

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☒ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☒ Salary ☐ Spouse's or registered domestic partner's income

☐ Loan repayment ☐ Partnership

☐ Sale of _____
(Real property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ACES, Inc.

ADDRESS (Business Address Acceptable)

16782 Von Karman #11, Irvine, CA 92606

BUSINESS ACTIVITY, IF ANY, OF SOURCE

tutoring

YOUR BUSINESS POSITION

Supervisor

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☒ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary ☒ Spouse's or registered domestic partner's income

☐ Loan repayment ☐ Partnership

☐ Sale of _____
(Real property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

► 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000
☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000
☐ OVER \$100,000

INTEREST RATE

_____ % ☐ None

TERM (Months/Years)

SECURITY FOR LOAN

☐ None ☐ Personal residence

☐ Real Property _____
Street address

City

☐ Guarantor _____

☐ Other _____
(Describe)

Comments: _____

SCHEDULE C
Income, Loans, & Business
Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name <u>Tim Shaw</u>

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

City of La Habra

ADDRESS (Business Address Acceptable)

201 E. La Habra Blvd., La Habra, CA 90631

BUSINESS ACTIVITY, IF ANY, OF SOURCE

City Council

YOUR BUSINESS POSITION

Councilmember

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☒ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☒ Salary ☐ Spouse's or registered domestic partner's income

☐ Loan repayment ☐ Partnership

☐ Sale of _____
(Real property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

Rio Hondo College

ADDRESS (Business Address Acceptable)

3600 Workman Mill Rd., Whittier, CA 90601

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Teach

YOUR BUSINESS POSITION

Professor

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☒ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☒ Salary ☐ Spouse's or registered domestic partner's income

☐ Loan repayment ☐ Partnership

☐ Sale of _____
(Real property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

► 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000
☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000
☐ OVER \$100,000

INTEREST RATE

_____ % ☐ None

TERM (Months/Years)

SECURITY FOR LOAN

☐ None ☐ Personal residence

☐ Real Property _____
Street address _____
City _____

☐ Guarantor _____

☐ Other _____
(Describe)

Comments: _____

SCHEDULE D **Income – Gifts**

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name <u>Tim Shaw</u>

▶ NAME OF SOURCE
Caolyn Kaiser

ADDRESS (Business Address Acceptable)
5170 Twilight Canyon Rd., Yorba Linda, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Disney employee

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 01 / 12</u>	<u>\$ 362</u>	<u>Disneyland tickets</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE
City of La Habra

ADDRESS (Business Address Acceptable)
201 E. La Habra Blvd., La Habra, CA 90631

BUSINESS ACTIVITY, IF ANY, OF SOURCE
City government

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>07 / 04 / 12</u>	<u>\$ 105</u>	<u>4th of July tickets</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE
City of Anaheim

ADDRESS (Business Address Acceptable)
200 S. Anaheim Blvd., Anaheim, CA 92805

BUSINESS ACTIVITY, IF ANY, OF SOURCE
City government

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 / 20 / 12</u>	<u>\$ 225</u>	<u>Angel tickets</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE
Mike Luhm

ADDRESS (Business Address Acceptable)
930 Whitebook Dr., La Habra, CA 90631

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Pharmacist

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 / 19 / 12</u>	<u>\$ 90</u>	<u>Angel tickets</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE
Apartment Association of Orange County

ADDRESS (Business Address Acceptable)
525 Cabrillo Park Dr. #125, Santa Ana, CA 92701

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 / 21 / 12</u>	<u>\$ 56</u>	<u>Angel tickets</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE
Moses Park

ADDRESS (Business Address Acceptable)
PO BOX 278, Lytle Creek, CA 92358

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Global Leadership Institute

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 26 / 12</u>	<u>\$ 156</u>	<u>golf pass</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

Comments: _____

FORM 700 – ATTACHMENT

FILER'S NAME: **TIM SHAW, COUNCILMEMBER**

FILING PERIOD: 1/1/12 – 12/31/12

I am filing an expanded statement as Director of the following agencies within the jurisdiction of the City of La Habra:

SUCCESSOR AGENCY TO THE LA HABRA REDEVELOPMENT AGENCY
LA HABRA CIVIC IMPROVEMENT AUTHORITY
LA HABRA HOUSING AUTHORITY
LA HABRA UTILITY AUTHORITY

I am filing an expanded statement as Alternate on the Orange County Vector Control District, and Alternate of the Southern California Association of Governments.